

SUMMARY REPORT
on
Evaluation study of 'Rashtriya Vayoshri Yojana (RVY)'

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Summary Report

Introduction:

Countries all over the globe have seen a significant increase in life expectancy and as a result increase in the number of old people. The life expectancy in India has increased from 32 years in 1951 to 67.13 as per Census 2011. The trend observed during last 60 years is expected to continue in the future. Old age brings with it several complexities one of which is dependence on others due to lowering of the ability to perform day to day activities. The old age disability lowers the quality of life of the elderly and strains society's limited resources for assistance, care and rehabilitation. Prevention of disability in old age is therefore a matter of great social and economic concern.

The socially and financially vulnerable old people have no means to improve their quality of life and depend largely on their family support and if family support system is absent for any reason, the government support becomes imperative. In view of above, Ministry of Social Justice and Empowerment (MoSJ&E), Government of India launched a central sector scheme "Rashtriya Vayoshri Yojana (RVY)" on 1st April 2017 for senior citizens (age 60 and above) belonging to BPL category. Under the scheme, camps are organized at district level to identify beneficiaries suffering from disabilities. Aids and assistive devices are then provided to them during distribution camps. These aids/assistive devices include walking sticks, elbow crutches, walkers/ crutches, tripods/ quad pods, hearing aids, wheelchairs, artificial dentures and spectacles etc., free of cost which can help them in restoring their lives to near normalcy from such disabilities. The Scheme is being implemented through the sole implementing agency- Artificial Limbs Manufacturing Corporation (ALIMCO), a PSU under MoSJ&E.

The present report is result of an evaluation study undertaken by NILERD in 6 districts of 3 states of the country. The districts covered were Jaipur and Jhalawar in Rajasthan, Almora and Haridwar in Uttarakhand, and Lucknow and Gorakhpur in Uttar Pradesh. The study made use of 360 degree evaluation i.e. inputs from all stakeholders have been incorporated in the study. The evaluation study has adopted a mix of quantitative and qualitative approach. Specially designed and structured questionnaires/schedules were developed to collect the primary data. In order to identify the beneficiaries for primary survey, a list of complete beneficiaries was obtained for the reference period. The respondents in the study included: ALIMCO, beneficiaries of the scheme, senior citizens, implementing officers such as District Nodal officers and Welfare Officers.

Considering the restriction on mobility due to COVID 19 spread, which resulted in complete lockdown, maximum respondents were contacted and consulted over telephones and through emails to take their feedback and inputs. In addition, the study made use of data provided by ALIMCO for assessment and distribution camps organized by them and RVY dashboard.

Objectives of the study:

1. To study the coverage of the Scheme in the three selected states covering two districts from each state and beneficiaries falling in rural, urban and remote areas of these districts;
2. To study the impact/outcome of the Scheme 'RVY' in improving the quality of the life of Senior Citizen belonging to BPL category and suggestion for the improvement of the scheme;
3. To find out the reason for shortfall of the beneficiaries assessed in the camp/districts as compared to the total population of the districts;
4. To assess the quality of the aids/appliances provided to the persons with disabilities under the scheme;
5. To examine the capability of the implementing agency in providing aids/appliances to Senior Citizen belonging to BPL category and how far they have taken care and succeeded in making suitable arrangements for fitting and post fitting of the aids and appliances distributed under the scheme;
6. To examine how far the main objective of the scheme has been achieved in providing aids and appliances to senior citizens which can restore near normalcy in their bodily functions;
7. To assess the durability of aids and assistive devices and the system of repair/replacement of such devices by implementing agencies;
8. To examine the system to prevent duplication of beneficiaries and suggest suitable measures;
9. To examine the present system of monitoring the implementation of the scheme and suggest suitable improvements;
10. To suggest ways and means for spreading awareness about the scheme;
11. To study the option for providing aids & appliances to beneficiaries other than the camp mode;
12. To assess the feasibility of inclusion of implementing agency for distribution of appliances or to facilitate District Hospital for providing the facility to distribute the appliances on regular basis for easy access of the beneficiaries;
13. To find out the bottlenecks of the scheme, if any, and to suggest remedial measures for improvement;
14. To present key findings based on the data collected from the field on the objectives of the study;
15. To examine shortcomings identified in the design of the existing scheme if any;
16. To make recommendations / suggestions for necessary restructuring to be carried in the scheme to achieve desired results and need for its continuation

Approach and Methodology:

The evaluation study has adopted a mix of quantitative and qualitative approach. Specially designed and structured questionnaires/schedules were developed to collect the primary data. In order to identify the beneficiaries for primary survey, a list of complete beneficiaries was obtained for the reference period. The list was further stratified into two categories (rural and urban); accordingly, the given sample was drawn on random basis for beneficiaries falling under rural and urban areas of sampled districts. An effort was made to cover remote areas also. The respondents in the study included: ALIMCO, beneficiaries of the scheme, senior citizens, implementing officers such as District Nodal officers and Welfare Officers. Considering the restriction on mobility due to COVID 19 spread, which resulted in complete lockdown, maximum respondents were contacted and consulted over telephones and through emails to take their feedback and inputs.

Sample Size and Scope:

The study has been conducted in three states: Rajasthan, Uttar Pradesh and Uttarakhand. In each state two districts were covered as provided in ToR by sponsor. In all, 2500 beneficiaries were covered in 6 districts. District-wise sample covered is as follows :

Table: District Wise sample Size*

S.No.	Name of State	Name of the District	Sample Size
1.	Rajasthan	Jhalawar	700
		Jaipur	900
2.	Uttarakhand	Haridwar	100
		Almora	200
3.	Uttar Pradesh	Lucknow	100
		Gorakhpur	500
Total			2500

* Provided by MoSJ&E

Data Collection Tools:

Four sets of questionnaires were prepared to collect information to meet the above objectives.

1. Questionnaire for Beneficiary
2. Questionnaire for District Nodal Officer
3. Questionnaire for Welfare officers and
4. Questionnaire for ALIMCO

FGD points were also prepared for discussion with all stakeholders to capture qualitative aspects.

The draft questionnaires were sent to the sponsor for their comments. After incorporating the comments/suggestions these were finalized and sent to ALIMCO, Beneficiaries, State Welfare Officers and State Nodal Officers for data collection and feedback. Most of the beneficiaries and respondents were contacted over telephones and through emails. The data and feedbacks thus obtained were analysed and results drawn accordingly. The survey team was to conduct Focus Group Discussions (FGDs) in person with beneficiaries, ALIMCO officials and officers involved in the implementation of the scheme at district level/ Senior Citizens / Pensioner Associations to capture qualitative aspects but could not travel due to lockdown and therefore all were consulted in teleconference and on emails and the feedback from beneficiaries was obtained telephonically. The tables were generated and analysed. Thus, findings were documented in the report. Table 2.2 provides the detailed framework of main evaluation questions, tools of data collection to address these questions and stakeholders from whom the responses have been sought.

Findings and Recommendations

The major findings are as under:

1. It has been observed that a large number of senior citizen have been benefited under the scheme and it has helped in changing their lives. Thus, scheme has fulfilled its objectives to the large extent.
2. The overall impact of the scheme has been the increased mobility of old people with locomotor disability who can now move freely in their villages without any support and interact with other people instead sitting alone isolated at their home.
3. The feedbacks of beneficiaries regarding their level of satisfaction suggest that about 55% of the beneficiaries of all six districts are dissatisfied and remaining 45% are either satisfied or somewhat satisfied.
4. Many elderly people have received assistive device, but they have not been using the same and have sold them for some money in absence of other livelihood or family support.
5. Some elderly persons living in distant villages do not come to take the appliances in the camps organised, as bulky appliances such as tricycles would need a jeep to carry them to their villages and they cannot bear that cost.
6. Only 25% beneficiaries were aware or have heard about the scheme, which is very low. It was observed that before getting benefit, most of the beneficiaries and their caretakers were not aware of the scheme. Therefore, it is imperative to enhance awareness among the masses and beneficiaries about the scheme through various channels using mass media, exhibitions, television etc. Local persons such as schoolteachers, village Pradhan, and old age home association may be encouraged to generate

awareness about the scheme in their areas. Since, electronic media including TV has more outreach among the masses; it may be used on the large scale to generate awareness about the scheme and for its publicity.

7. The population of senior citizens is very dynamic and changing every year. Therefore, there is a need for maintaining the authentic, reliable and updated population data of senior citizens at the district level.
8. The scheme has covered 30 percent of female beneficiaries in all 6 districts as per its objective. In case of Almora and Jhalawar, the coverage of women beneficiaries is more than 50 %. The coverage of scheme in terms of gender, age, social groups, etc. appears to be satisfactory.
9. There is a lack of mechanism to ensure that all the identified tehsils and villages of the district have been covered. Therefore, there is need to develop a system to make sure that all the tehsils/villages are equally benefited.
10. The financial performance of the scheme in terms of actual expenditure has been very poor as only 25.60% (Rs 124.00 crore) have actually been spent during the reference period out of the total allocated funds of Rs 483.60 crore.
11. The average expenditure per beneficiary is only Rs. 3253 much lower than Rs. 7000 per beneficiary as envisaged in original scheme. Jaipur has maximum average expenditure of Rs 5300 and Jhalawar with minimum average expenditure of Rs. 1598 per beneficiary.
12. Many of the beneficiaries have reported that they had to throw (in case of hearing aid) or have sold (in case of tricycle) the appliances received by them because they were not working properly.
13. There is no in-house mechanism or system for concurrent evaluation of the scheme with regards to its effectiveness and work done by the implementing agencies.
14. A single mobile number has been given as contact number by the multiple beneficiaries and in many cases for eight or more beneficiaries.
15. The mobile numbers of beneficiaries provided by the implementing agency were dialled one by one for feedback and found that 54.50% of numbers did not connect/respond and only 45.50% mobile answered. Out of the 45.50%, only 9% confirmed that they have received assistive device/aids and rest 91% answered negatively.
16. It is not mandatory on the part of IA i.e. ALIMCO to verify addresses of beneficiaries and the IA is bound to record whatever address is provided by the beneficiaries.

17. There are four major agencies/entities namely; MoSJE, state/UT nodal department, implementation committee and IA i.e. ALIMCO, which have been actively engaged/involved in the implementation with specified roles and responsibilities. However, it has been observed that there is a lack of coordination among these agencies in monitoring the progress of the scheme and supervising the implementation work for its efficacy.
18. The precise assessment of the needs for aids to a person has not been used in most of the cases while distributing the assistive appliances, which are issued subjectively without justification.
19. It has been observed that the scheme has been implemented by ALIMCO, which is very large organisation and have presence all over the country. However, it does not have branch offices in all the states/districts wherein scheme is being implemented.

Issues and constraints:

Though the RVY scheme has succeeded in meeting its objectives to the large extent, however, there have been some constraints, which hinder effective implementation of the scheme. Some of the constraints have been listed below:

- a. **Low expenditure per beneficiary:** The IA has not been able to achieve the targets for expenditure per beneficiary as envisaged in original scheme, which is very low and indicates the lack of capacity of the IA in spending funds to meet all the specific needs and solve problems of the identified beneficiaries.
- b. **Weak institutional coordination:** State level line departments are involved in implementation only for approving and forwarding applications of IAs as the funds approved by the MoSJ&E are directly released to IAs without state government in loop and state government is not able to monitor the pace and efficiency of the implementation, assess the process and quality of aids and appliances. It may also result in overlooking the guidelines, procedures, parameters, processes by the IA in implementation.
- c. **Low utilisation of the Fund:** It has been observed that out of the total Rs. 483.60 crore allocated budget, only Rs. 124 crore has been spent during the study reference period, which is very low and works out to be only 25.60%.
- d. **Unavailability of international good quality aids and appliances:** Due to lack of funds, quality imported aids/appliances are not available in the country, which has created monopolistic situation.
- e. **Research and developmental (R&D) activities:** It has been observed that there are not enough R&D activities undertaken for producing low cost quality products, which has been resulting in high cost of production of aids devices. Also, there appears to be a lack of adequate linkages between implementation and manufacturing units of ALIMCO, an implementation agency.

- f. Lack of updated database of senior citizens:** It has been observed that there is no state-wise and district-wise record of population of senior citizens either with state government, MSJ&E or IA and they have to depend on the GOI census, which is undertaken once in ten years. It is therefore, imperative to have proper census records/details of senior citizen to enable planning of camps for providing effective assistive aids and appliances.
- g. Poor coverage of tehsil/districts:** The MoSJ&E at centre allocates funds for identified district; however, there is no mechanism to ensure that all the tehsil and villages of the district have adequate coverage. The IA selects location for organising camps in consultation with district officials. Some self-managed NGO's who are active in particular district organise camps & distribute appliances to senior citizens.

Limitations of the Study:

- a. The scope of the present study has been limited to only six districts i.e. Jhalawar, Jaipur, Haridwar, Almora, Lucknow and Gorakhpur spread over three states namely, Rajasthan, Uttarakhand, and Uttar Pradesh. Therefore, the results emerged from the study are the mere reflections of the impact and effectiveness of the scheme and cannot be considered absolute outcome.
- b. Further, though study has covered both rural and urban areas but could not reach the extreme remote areas, which could not be covered due to travel restrictions owing to COVID 19. Therefore, the study has mostly been conducted based on data provided by the Implementing Agency (IA) and information gathered from stakeholders through telephonic conversations/discussions.

Recommendations:

1. IA should identify beneficiaries, their conditions and needs so that tailor made aids/appliances could be made and work in coordination with R&D and manufacturing divisions to reduce the production costs of appliances and improve quality.
2. A separate study may be commissioned to identify the specific needs of the beneficiaries / their requirements, assess the potential of national institutions to manufacture the same and assess how other countries have been dealing with similar issues & to explore the possibilities for international collaboration for funding for manufacturing of assistive devices.
3. RVY scheme should also look at availability of quality aids and fund research on this aspect. In this direction, the policy dialogues may be initiated with the developed countries producing efficiently the high quality and low cost products, for technology transfer.

4. State government should maintain district & village wise updated data for senior citizens and district offices may start setting up a mechanism for enlisting them and issuance of card, which can be made mandatory for receiving benefit. District offices should ensure adequate coverage of all Tehsils and respective villages of the districts under the scheme.
5. It is also strongly recommended that there should be more than one implementing agencies and all agencies should work together for providing aids. In this regard it is suggested that Composite Rehabilitation Centres (CRC), District Disability Rehabilitation Centers, State Handicapped Development Corporations, the National Institutes working in the areas of disability and NGOs may also be roped in for implementation of the Scheme. IA performing better in terms of coverage and efficiency may be incentivised, which would create a healthy competition to perform better and efficiently.
6. Possibility of distribution of aids and appliances through Primary Health Centres and Community Health Centres, District Hospitals, Old Age Home Associations and Anganwadi Workers may be explored.
7. There should be an efficient registration process of beneficiaries and a robust and fool proof mechanism for verifying addresses of the beneficiaries.
8. A robust system/process for defect free aids/appliances should be adopted. Also, there should be provision for organising maintenance camps from time to time under the scheme so that in case of defects in the aids/appliances issued to the beneficiaries, they can get the same repaired in these camps.
9. The scheme should have an inbuilt mechanism for mandatory verification of telephone/mobile numbers and addresses provided by the beneficiaries.
10. There is a need for strengthening the coordination mechanism to expedite the pace of implementation of scheme for identifying beneficiaries, organizing assessment and distribution camps and fitting the aids and appliance to the beneficiaries.
11. The RVY has effectively been in operation only for less than three years and the present study has covered six districts across three states. Measuring impact and effectiveness of a scheme based on small sample and reference period may be somewhat ambiguous. Therefore, it is imperative to conduct a comprehensive evaluation study of RVY after three more years at national level covering all the districts to understand its real and clear impact and outcome.